

EMPLOYEE ADVISORY COMMITTEE
State Retiree/Direct Bill Nominee Information Form

Name: _____

Home Address: _____

E-Mail Address: _____

Phone: _____

State Agency from which you retired: _____

Position held: _____

Gender (Check one): ____ **Female** ____ **Male** **Are you Medicare eligible:** ____ **Yes** ____ **No**

Health Plan enrolled in: _____

Who is covered under your SEHP?

Only Myself _____

My Spouse & I _____

My Child(ren) & I _____

My Spouse & Child(ren) & I _____

Why are you interested in serving as a member on the Employee Advisory Committee?

RETURN TO:

Jennifer Flory

SEHP

900 SW Jackson, Room 900-N

Topeka, Kansas 66612-1251

Email: KDHE.Benefits@ks.gov
